



Return Copy to:

Bank of America  
Government Card Services  
P.O. Box 1637  
Norfolk, VA 23501-1637  
Facsimile: 757-624-6323  
Toll Free Fax: 877-217-1033

# Individually Billed Card Account Setup/Application Form Department of Defense Travel Card Program

Return Copy to :

Bank of America  
Government Card Services  
P.O. Box 1637  
Norfolk, VA 23501-1637  
Facsimile: (757) 624-6323  
Or (888) 698-5631

## TO BE COMPLETED BY EMPLOYEE

PLEASE TYPE OR PRINT ALL INFORMATION

First Name <b>JANE</b>	Last Name <b>DOE</b>	M I <b>M</b>	Social Security No. <b>1 1 1 - 2 2 - 3 3 3 3</b>
Organization Name <b>YOUR ORGANIZATION NAME GOES HERE</b>		Rank or Grade <b>GS-11/MAJ</b>	Military Status Active <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> Guard <input type="checkbox"/>
Employee's Mother's MaidenName (for security purposes): <b>SMITH</b>		Mailing Address: Home <input checked="" type="checkbox"/> Business <input type="checkbox"/> <b>1234 BANK STREET</b>	
e-mail address: <a href="mailto:JANE.DOE@AOL.COM">JANE.DOE@AOL.COM</a>			
Commercial Office Telephone Number			
Country and Area Codes:			
Number: <b>703-555-1212</b>	City <b>NOWHERE</b>	or	APO/FPO
	State/Province <b>USA</b>		
	Zip Code/Postal Code <b>22222</b>		Country

After reading the enclosed Agreement between Department of Defense Employee and Bank of America, N.A. (USA) ("Agreement"): 1. Initial one choice; 2. sign below; and 3. forward the completed form to your APC.

☒ By signing below, I acknowledge that I have read and understand, and agree to be bound by, the terms and conditions of the Agreement including Bank of America's right to obtain credit reports as described in the Agreement. I attest to the best of my knowledge, that the information I have provided herein is true and correct.

☐ By signing below, I acknowledge that I have read and understand, and agree to be bound by, the terms and conditions of the Agreement; however, I do not authorize Bank of America to obtain credit reports and therefore I may not be eligible for a standard account. I attest to the best of my knowledge, that the information I have provided herein is true and correct.

Signature \_\_\_\_\_ Today's

Date \_\_\_\_\_

**NOTE: See attached Agreement between Department of Defense Employee and Bank of America, N.A. (USA) for the terms and conditions of your Account.**



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TO BE COMPLETED BY AGENCY PROGRAM COORDINATOR										PLEASE TYPE OR PRINT ALL INFORMATION										
Employee First Name <b>JANE</b>	Employee Last Name <b>DOE</b>				<b>M</b>	Social Security No*	<b>1</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>2</b>	<b>2</b>	<b>-</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>			
Accounting Code (max. 64 characters) IF APPLICABLE, PROVIDE THE MASTER ACCOUNTING CODE FOR THE CENTRAL ACCOUNT NUMBER																				
It is critical that you complete the Central Account Information to the right	Central Account Number	<b>4</b>	<b>4</b>	<b>8</b>	<b>6</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>-</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

**Provide Account Hierarchy**

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8
<b>0000001</b>	<b>200000X</b>	<b>3XXXXXX</b>	<b>4XXXXXX</b>	<b>5XXXXXX</b>			

Agency Name <b>YOUR AGENCY NAME GOES HERE</b>	Commercial Phone, including Country and Area Codes <b>703-555-1212</b>
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Agency Address <b>1931 JEFFERSON DAVIS HWY</b>	<b>ANYWHERE</b> City <b>12345</b> Zip Code/Postal Code	<b>USA</b> State/Province <b>USA</b> Country
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FIPS Code	Account Type: Standard <input checked="" type="checkbox"/> Restricted <input type="checkbox"/>	Contract City Pair Access: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, Mandatory <input type="checkbox"/> Non-mandatory <input type="checkbox"/>
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Authorized to Receive Travelers Checks: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If Restricted, Date to Activate: Mo. ____ Day ____ Yr. ____	If Restricted, Date to Deactivate: Mo. ____ Day ____ Yr. ____
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Card Design Type: Standard <input checked="" type="checkbox"/> QuasiGeneric ____ Generic ____	Cash Access : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Daily, Weekly, Cycle Cash Limit (circle one) Limit: \$ _____
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ACCOUNT SPENDING LIMITS (if in accordance with Agency policy)	Apply limit: Daily ____ Weekly ____ Cycle ____ \$ _____ Number of Transactions _____
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Merchant Spending Limits	MCC Retail: Apply limit: Daily ____ Weekly ____ Cycle ____ \$ _____ Number of Transactions _____
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By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named above. <b>PLEASE RETAIN COPY FOR YOUR RECORDS.</b>	
Supervisor's Approval Signature _____	Date _____
Name of Agency Program Coordinator _____ Title/Rank _____	
APC Signature _____	Date _____



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**Instructions for Individually Billed Account (IBA) Card Account Setup/Application Form  
for the Department of Defense  
Travel Card Program**

<b>Purpose</b>	Complete this form to establish a cardholder travel card account for a Department of Defense employee.
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<b>Instructions</b>	<p><b>Cardholders:</b> Fill out “To be completed by Employee” section. <b>APCs:</b> Fill out “To be completed by the Agency Program Coordinator section. Please print or type all information. Mail or fax to:</p> <p style="text-align: center;"><b>Bank of America</b> <b>Attn: GCSU</b> <b>P. O. Box 1637</b> <b>Norfolk, VA 23501-1637</b> <b>Fax: (757) 624-6323</b></p>
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**Field Descriptions of form elements.**

**(Section to be completed by Employee)**

**First Name, Last Name, MI** – Employee’s first name, last name and middle initial.

**Social Security Number** – Employee’s Social Security Number or other unique identifier.

**Organization Name** – Employee’s organization name at the lowest level.

**Rank or Grade** –Employee’s military rank or grade, e.g. 0 – 1, E –12, etc.

**Military Status** – Employee’s military employment status with the Government, if applicable.

**Mother’s Maiden Name** – Self-explanatory . This field may be used by the Government Card Services Unit (GCSU) at Bank of America to verify that a caller is indeed the cardholder.

**Mailing Address (include Street, City or APO/FPO, State/Province, Zip Code/Postal Code, and Country)** Where the employee’s travel card bills should be mailed. Check whether this address is a Home or Business address.

**Email Address** – Employee’s e-mail address, if available.

**Commercial Office Telephone Number** – Employee’s work phone number, including Country and Area Codes.

**Signature** – Employee’s signature. In accordance with DoD policy, employees applying for a card after December 1, 1998, are asked whether or not they will provide express written consent for Bank of America to access credit report information.

**Today’s Date** – Date employee signs this form.



(Section to be completed by the Agency Program Coordinator)
<b>Accounting Code</b> – If applicable, provide the Master Accounting Code for the Central Account Number.
<b>Central Account Number</b> – The 16-digit roll-up account number assigned to this account's Central Account.
<b>HL1 – HL8 – Hierarchy Level/Unit</b> – Name or hierarchy unit number under which the new account will be established.
<b>Agency Name</b> – Provide name of the applicant's Agency.
<b>Commercial Phone: Country and Area Codes</b> – APC's work phone number
<b>Agency Address (include City, State/Province, Zip Code/Postal Code, and Country)</b> – Address of the APC's agency.
<b>FIPS Code</b> – Federal Information Processing Standard Code, for the identification of Federal and Federally-Assisted Organizations. See Publication 95-1, or download from <a href="http://www.nist.gov/itl/csl/fips/fips95-1.txt">http://www.nist.gov/itl/csl/fips/fips95-1.txt</a> .
<b>Account Type</b> – Designate Standard or Restricted Use account.
<b>Contract City Pair Access</b> – Please contact your Bank of America Account Manager if you need assistance.
<b>Authorized to Receive Travelers Checks</b> – Check if Travelers Checks will be available to this employee.
If Restricted Card, Date to Activate: Mo. _____ Day _____ Yr. _____ If restricted card, enter date card is to be initially available for use, if known.
If Restricted Card, Date to Deactivate: Mo. _____ Day _____ Yr. _____ If restricted card, enter date the card is to be deactivated after initial use, if known.
<b>Card Design Type (Standard, QuasiGeneric, or Generic)</b> – Check card design.
<b>Cash Access</b> – Check whether or not ATM access is available to the cardholder.
<b>Daily, Weekly, or Cycle Cash Limit \$</b> _____ –Enter dollar amount of the cash limit and check how the limit is to be applied: daily, weekly, or per billing cycle. If no dollar amount is entered, the limit defaults to the Agency's limit.
<b>Account Spending Limits – Apply Limit: Daily _____ Weekly _____ Cycle _____</b> <b>\$ _____ Number of Transactions _____</b> Enter total spending limitations at the account level, by dollars and/or number of transactions. These controls are designed to limit account spending on a daily, weekly, or per cycle basis. If no dollar amount is entered, the limit will default to that of the Agency.
<b>Merchant Spending Limits MCC Retail:</b> Apply Limit: Daily _____ Weekly _____ Cycle _____ <b>\$ _____ Number of Transactions _____ \$ _____</b> Enter MCC limits by dollars and/or number of transactions. Merchant level controls limit or restrict retail purchases made by a cardholder on a daily, weekly or per cycle basis. Additional limits to restrict purchases from specific merchant(s) or type(s) of merchant(s) can be set by contacting GCSU or making changes in EAGLS.
<b>Supervisor's Approval Signature</b> –Employee's supervisor must sign the setup/application form in accordance with DoD policy.
<b>Date</b> – Date of supervisor's signature.
<b>Name of Agency Program Coordinator</b> – Name of authorized APC approving this application.
<b>Title/Rank</b> – APC's title or rank.
<b>Signature</b> – APC's signature.
<b>Date</b> – date of APC's signature.

AGREEMENT BETWEEN DEPARTMENT OF DEFENSE EMPLOYEE AND  
BANK OF AMERICA, N.A. (USA)

**IMPORTANT:** BEFORE YOU SIGN THE INDIVIDUALLY BILLED CARD ACCOUNT SETUP/APPLICATION FORM, DEPARTMENT OF DEFENSE TRAVEL CARD PROGRAM, OR SIGN OR USE THE GOVERNMENT CARD, READ THE FOLLOWING TERMS AND CONDITIONS THOROUGHLY. PLEASE RETAIN THIS AGREEMENT FOR YOUR RECORDS.

**1. DEFINITIONS.** In this Agreement, the word "Agreement" means this document as modified by any amendment issued pursuant to Section 16. The word "we" "Bank of America" or "us" refers to Bank of America, N.A. (USA), the issuer of the Card. The "GSA Contract" refers to the General Services Administration Contract No. GS-23F-98004. The word "Program" means the card program established pursuant to the GSA contract. "Agency/Organization" means the United States federal agency, bureau, division, office or other organizational entity participating in the Program that has requested/authorized Bank of America to open an account for you. The words "cardholder", "you" or "your" means the Agency/Organization employee whose name appears on the Card. The word "Government Card", "Card" or "Cards" means the card issued to you by us under the Program. "Account" means the account established by us in connection with the Government Card. "Cash Advance" is a cash advance obtained through use of the Account at any participating affiliated automated teller machine ("ATM") or any financial institution or other establishment authorized to process and grant you a cash advance.

**2. ACCEPTANCE OF THE AGREEMENT.** BY ACTIVATING, SIGNING OR USING THE CARD AND/OR THE ACCOUNT OR SIGNING THE INDIVIDUALLY BILLED CARD ACCOUNT SETUP/APPLICATION FORM, DEPARTMENT OF DEFENSE TRAVEL CARD PROGRAM, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT. IF YOU DO NOT AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, CUT THE CARD IN HALF AND RETURN THE PIECES TO BANK OF AMERICA.

**3. PROMISE TO PAY; LIABILITY.** All amounts charged to the Account including purchases, Cash Advances and fees will be called "Charges." You

promise to pay for all Charges made by you or anyone you allow to use the Account until paid in full. You, as the Cardholder, are responsible for making payment to Bank of America. Official travel and travel-related expenses charged to the Card will be reimbursed by the Agency/Organization under the Agency's/Organization's expense reimbursement procedures applicable to you. You also agree to report your expenses promptly to the Agency/Organization in accordance with its expense reimbursement procedures. You are responsible for all Charges made with the Card even if you let someone else use the Card. You must retrieve the Card from that person to avoid further liability.

**4. TYPE OF ACCOUNT.** Your Account is either a restricted or standard Account, as indicated by the credit limit shown on your card mailer. Restricted Accounts are Accounts with a credit limit of \$1250 or less. If your Account is a restricted Account, your Agency/Organization will designate the date(s) during which the Account may be used, based on your authorized travel status and you agree to use the Card only during the period designated by your Agency/Organization. Upon your Agency's/Organization's request, Bank of America may change your account from a standard Account to a restricted Account or from a restricted Account to a standard Account. If this occurs, you will be notified by your Agency/Organization.

**5. DISCLOSURE OF ACCOUNT INFORMATION.** In addition to routine uses under the Privacy Act, you authorize Bank of America to: (1) provide information about your Account to Bank of America's service providers administering your Account under the GSA Contract; (2) disclose all necessary Account information to outside attorneys representing Bank of America in connection with any legal or administrative proceeding involving your Account or Bank of America's actions under this Agreement; (3) provide all necessary Account information to Bank of America's auditors in the course of any audit; (4) disclose all necessary Account information to outside attorneys, collection agencies or credit bureaus if we refer all or part of the Account for collection in accordance with the GSA Contract and your Agency/Organization's task order and (5) disclose all necessary Account information to credit reporting agencies to obtain reports concerning your credit consistent with your Agency's/Organization's agreement with union officials, if applicable. You

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BANK OF AMERICA, N.A. (USA)

understand that past due Accounts as well as other Account information will be reported to your Agency/Organization. By signing the Individually Billed Card Account Setup/Application Form, Department of Defense Travel Card Program, you are providing your written consent to the disclosure of Account information as provided in this Section 5.

**6. USE OF GOVERNMENT CARD.** You agree to use the Card only for official travel and official travel related expenses away from your official station/duty station in accordance with your Agency/Organization policy. You agree not to use the Card for personal, family or household purposes. Charging privileges on the Card are provided by Bank of America pursuant to the GSA Contract and the task order of your Agency/Organization. No other person is permitted to use the Card issued to you for Charges or for any other reason.

**7. CREDIT LIMITS.** Bank of America may establish one or more credit limits for your Account ("Limits") and such Limits may be increased or decreased as directed by your Agency/Organization. Your initial aggregate Limit is shown on the folded mailer containing your Card and represents the sum of (i) your ATM Limit (where ATM usage is authorized); (ii) your retail Limit; and (iii) lodging/transportation Limit. Your retail Limit applies to official purchases at retail establishments. Your lodging/transportation Limit applies to lodging and transportation. Your ATM limit applies to Cash Advances at an ATM. You understand that your aggregate Limit is the maximum amount of credit that you can have outstanding on your Account at any time and that the Limit may be set or changed by your Agency/Organization. For standard Accounts the retail Limit is \$250.00 and the ATM Limit is \$500 per billing cycle. For restricted Accounts the retail Limit is \$50.00 and the ATM Limit is \$200 per billing cycle. If you make a credit request that would exceed the applicable limitation, Bank of America, at the direction of your Agency/Organization, can approve or deny the credit request.

**8. OBTAINING CREDIT REPORTS.** Unless on your Individually Billed Card Account Setup/Application Form, Department of Defense Travel Card Program, you either (i) instructed us not to obtain reports concerning your credit, or (ii) failed to expressly consent to the terms of this Agreement, you authorize Bank of America to obtain from credit bureaus and

other credit reporting agencies reports concerning your credit consistent with your Agency/Organization's agreement with union officials (if applicable).

**9. PAYMENT.** We will send statements of all Charges to you. All payments are due by the due date specified on your statement ("Due Date"). You should notify us immediately of any change in your billing address by calling the number indicated in Section 17. Payments must be made in U.S. currency, in electronic form or with a money order payable in U.S. dollars, or with a draft or a check drawn on a bank in the U.S. and payable in U.S. dollars. If we decide to accept a payment made in some other form, payment will not be credited to your Account until your payment is converted into one of the forms just mentioned. We may accept late payments, partial payments or checks and money orders marked "payment in full" or with other restrictive endorsements without losing any rights under this Agreement or under the law.

**10. SUSPENSION AND CANCELLATION.** Suspension or cancellation does not affect the terms of this Agreement, including without limitation your obligation to pay the balance of your Account, until your obligation to Bank of America under this Agreement has been satisfied.

A. **Suspension:** Bank of America may suspend your Account and prohibit further Charges if (i) payment for any undisputed principal amount is not received within 61 calendar days from the closing date on the statement in which the unpaid Charge first appeared, or within the timeframe specified in the Agency/Organization task order, unless otherwise directed by the Agency/Organization Program Coordinator, or (ii) the Agency/Organization or GSA requests the suspension. Bank of America will reinstate your suspended account upon full payment of the amount due unless otherwise directed by the Agency/Organization.

B. **Cancellation by Cardholder:** You may cancel the Card at any time by notifying Bank of America, cutting the Card in half and returning the parts to Bank of America.

C. **Cancellation by Bank of America**

(i). **Automatic Cancellation:** The Card and the Account will automatically be canceled upon (a) termination of your employment with the Agency/Organization regardless of the reason; (b) termination or expiration of the GSA Contract and/or

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Agency/Organization task order; (c) request of the Agency/Organization or GSA; (d) request of Bank of America with the permission of the Agency/Organization or (e) your filing for bankruptcy protection, if the Account or Account obligation is referenced in any documents filed in connection with the bankruptcy proceeding. Upon cancellation, you agree to return the Card immediately, cut in half, to Bank of America.

(ii). Cancellation Due to Delinquency: Bank of America may cancel your Account if (a) the Account has been suspended two times during a 12 month period for non-payment of undisputed principal amounts and is past due again; for purpose of this section 10.C.(ii).(a), "past due" means payment is not received within 45 calendar days from the closing date on the statement of Account in which the Charge first appeared; (b) the Account is 126 calendar days past due from the closing date on the statement of Account in which the unpaid Charge first appeared, or within the timeframe specified in the Agency/Organization task order, unless otherwise directed by the Agency/Organization Program Coordinator, or (c) the Agency/Organization or GSA requests the cancellation. Bank of America may reinstate a canceled Account upon full payment of the amount due and any late fee assessed. Account statements may not (at the option of Bank of America) be sent after an Account has been canceled.

**11. ATM USAGE.** If our Agency/Organization is participating in the Bank of America ATM Program for Government Cardholders, you will separately receive a Personal Identification Number ("PIN"). You may then obtain Cash Advances at an ATM when authorized in accordance with Agency/Organization procedures. For your ATM Limit, refer to Section 7 above.

**12. NO WAIVER OF BANK OF AMERICA'S RIGHTS.**

All rights and remedies of Bank of America are cumulative and may be pursued singularly, successively or together, at the option of Bank of America. Except as expressly provided below in this Section 12, Bank of America's failure at any time to exercise any of its rights hereunder or any rights shall not constitute a waiver nor otherwise bar the exercise of any of these options or rights at a later date. Bank of America waives its right to suspend the Account for a particular Charge if suspension procedures are not initiated within 180 calendar days of the closing date on the statement of Account in which the Charge first

appeared. Bank of America waives its right to cancel the Account for a particular Charge if cancellation procedures are not initiated within 180 calendar days of the closing date on the statement of Account in which the Charge first appeared.

**13. TRAVELERS CHECKS.** If your Agency/Organization is participating in the Bank of America Travelers Check program for Government cardholders, you may purchase travelers checks when authorized in accordance with your Agency/Organization procedures and a Travelers Check Fee of 1.5% of the total amount of the checks purchased will apply. If your Agency/Organization has negotiated a lower Travelers Check Fee, the lower amount will apply.

**14. CHARGES.** You agree to pay the following Charges unless your Agency/Organization has negotiated a lower rate or fee, in which case, you will pay the lower amount.

Return check fee. \$20.00 for any payment which is returned for any reason.

Cash Advance Fee. 1.9% of the amount of each Cash Advance.

Delinquency and Collection Charges. If Bank of America refers your Account to any attorney for collection, you will be responsible for attorney's fees, if any, not to exceed 25% of the Account balance plus all other costs of collection and court costs except where prohibited by law.

Late Fee. If your Account has been canceled, \$20.00 for any payment not received within 120 calendar days past the closing date on the statement of Account in which the Charge first appeared.

**15. CONVERSION OF FOREIGN TRANSACTIONS.**

Charges made in a foreign currency will be converted into U.S. Dollars. The conversion rate used will be at least as favorable as an interbank rate or where required by law, an official rate. This rate shall be the one in existence at the time the transaction is processed.

**16. CHANGE IN TERMS.** Bank of America may, with the written consent of GSA and your Agency/Organization, change the terms of this Agreement upon 30-day written notice to you. You agree that the new terms provided in any such notice may apply both to your new transactions and to your Account balance on the date the change becomes

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effective. If you do not agree to a change in terms of this agreement, then prior to the effective date of the change, you must notify us, cut the card in half and return the pieces to us.

- 17. LOST OR STOLEN CARD/REPLACEMENT.** If your Card is lost or stolen, or if you think another person may use your Account without your permission, you must notify Bank of America immediately by calling the number listed below.

Telephone Numbers:

Within United States 1-800-472-1424

Collect Calls for out of United States (757) 441-4124

You may confirm your notification by writing to

Bank of America

Security Department

P.O. Box 1350

Norfolk, VA 23501

If there is any unauthorized use of your Card or Account you agree to cooperate with Bank of America during its investigation, which will include your completion of a Cardholder Statement of Disputed Item. Should you need a replacement card, please call the same telephone number listed in this Section 17 for lost or stolen Cards.

- 18. LIMITATION OF DAMAGES.** In no event shall Bank of America be liable to you for any consequential, special, indirect or punitive damages of any nature.

- 19. COLLECTION/TELEPHONE MONITORING.** You agree that if you do not pay your Account, Bank of America or its collection agent may call you regarding the collection of your Account. You understand that the calls could be automatically dialed and a recorded message may be played. You agree such calls will not be "unsolicited" calls for purposes of local, state or federal law. You agree that we may monitor telephone calls between you and us to ensure the quality of the customer service we provide.

- 20. CHANGES TO NAME, ADDRESS OR EMPLOYMENT.** You understand that Bank of America will send Account Statements, replacement or renewal Cards, or other notices at the address shown in its records. You will promptly notify Bank of America of any change in your name, address or employment.

- 21. NONTRANSFERABLE.** Each Card is nontransferable.

- 22. SEVERABILITY.** The invalidity or unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision of this Agreement.

- 23. SUCCESSORS AND ASSIGNS.** You agree that Bank of America may at any time assign or transfer to another person your Account, your Account balance, or this Agreement. The persons to whom Bank of America transfers or assigns your account, your Account balance, or this Agreement will have all of Bank of America's rights under this Agreement. You will not assign or transfer any of your rights or duties under this Agreement, and this Agreement is binding on your successors, heirs and legal representatives and upon anyone to whom you assign your assets or who succeeds to them.

- 24. GOVERNING LAW:** This Agreement and your Account are subject to the GSA Contract and shall be governed by Arizona law and the laws of the United States. This Agreement is entered into in Arizona and all credit will be extended by Bank of America from Arizona.

**PRIVACY ACT NOTICE:**

In accordance with the Privacy Act (5 U.S.C. 552a), the following notice is provided: The information requested on the card application form is collected pursuant to Executive Order 9397 and chapter 57, title 5, United States Code, for the purposes of recording travel expenses incurred by the employee/member and to claim entitlements and allowances prescribed in applicable federal travel regulations. The purpose of the collection of this information is to provide Government agencies necessary information on the GSA travel card contract which provides travelers with charge cards for official travel and related expenses, attendant operational and control support, and management information reports for expense control. Routine uses which may be made of the collected information and other account information in the system or records entitled "Travel Charge Card Program GSA/GOVT-3" are as follows: (1) transfers to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, administrative, or regulatory investigations, (2) pursuant to a request of another Federal agency in connection with hiring, retention, issuing a security clearance, reporting an employee investigation, clarifying a job, letter or contract or issuing

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a license, grant, or other benefit, (3) to a Member of Congress or to a Congressional Staff Member in response to an inquiry of the Congressional Office made at the request of the individual about whom the record is maintained, (4) to officials of labor organizations when necessary to their duties of exclusive representation, (5) to a Federal agency for accumulating reporting data and monitoring the system, (6) GSA contract travel agents assigned to agencies for billing of travel expenses, (7) listing, reports, and records to GSA by the contractor to conduct audits of carrier charges to the Government, and (8) any other use specified by GSA in the system of records entitled "Travel Charge Card Program GSA/GOVT-3," as published in the Federal Register periodically by GSA. The information requested is not mandatory. Failure to provide the information will nullify the application, and a charge card will not be issued to the employee/member.